

Case Number:	CM15-0187220		
Date Assigned:	09/29/2015	Date of Injury:	08/16/2011
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female, who sustained an industrial injury on 8-16-11. She is diagnosed with left carpal tunnel syndrome. Her work status is full duty, with no restrictions. A note dated 9-1-15 reveals the injured worker presented with complaints of pain, numbness and tingling in the left hand. The numbness and tingling is constant in the left hand digits 1-4. She reports intermittent left wrist and hand numbness as well as left hand swelling at the thumb and wrist. A physical examination dated 9-1-15 revealed left hand thenar atrophy, general swelling and tenderness and numbness and tingling in digits 1-4 on the left hand. The right hand reveals slight thenar atrophy, numbness, and tingling in digits 1-3 on the right hand. The deep tendon reflexes are 2 out of 4+ bilaterally. The Tinel's test is positive bilaterally and Phalen's test is positive at 5 seconds in the left hand. Treatment to date has included night splint, which is not helpful, per note dated 9-1-15, medications, home exercise program and right carpal tunnel release. The therapeutic response to home exercise program, medications and surgical intervention was not included. A request for authorization dated 9-1-15 for MRI of cervical spine without contrast is denied, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the Cervical Spine without Contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes do show evidence of tissue insult and neurologic dysfunction on the noted physical exam. There is also noted failure of home exercise program. Therefore, the request is medically necessary.